



Electronic Fund Transfer Authorization Agreement

CUSTOMER INFORMATION

ACCOUNT NAME		RDI ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING / EFT CONTACT NAME	PHONE		FAX
IRS TAXPAYER ID (FEIN)		EMAIL ADDRESS	

WE, (*CUSTOMER*) HEREBY AUTHORIZE REISNER DISTRIBUTOR, INC. (*COMPANY*) TO ORIGINATE DEBIT OR CREDIT AUTOMATED CLEARING HOUSE ELECTRONIC FUNDS TRANSFER (EFT) ENTRIES TO *CUSTOMER'S* BANK ACCOUNT INDICATED BELOW FOR TRANSACTIONS DUE AS AGREED TO BY TERMS ASSIGNED.

BANK INFORMATION

BANK NAME		BANK ROUTING NUMBER		BANK ACCOUNT NUMBER	
ADDRESS			PHONE		BANK ACCOUNT TYPE
CITY			STATE	ZIP	BANK CONTACT NAME
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>					

This authorization is to remain in full force and effect until COMPANY has received written notification from CUSTOMER (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

All other credit, terms of sales and requirements between *Customer* and *Company* remain in effect. It is understood that this authorization is subject to credit approval by *Company*. The terms of sale in effect on this date are subject to change at any time upon notification by *Company*.

I authorize Reisner Distributor, Inc. (*Company*) to instruct my financial institution to make my payments. I also understand that I may discontinue this authorization at any time by giving written notice to *Company*.

Please obtain the correct Transit/ABA number from you bank and attach a voided check.

Customer Authorization

Authorized Name	Authorized Signature
Title	Date